

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Mila</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>		State Index No. <u>180</u>	County Registrar No. <u>347</u>
or _____		Local Registrar No. _____	_____
City of _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child <u>Maria Gonzalez</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth <u>7</u>		7. Date of birth <u>May 28-1923</u>	
		Month	Day
		Year	
8. FATHER		11. MOTHER	
Full name <u>Trinidad Gonzalez</u>		Full maiden name <u>Refugio Regulado</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>47</u> (Years)		17. Age at last birthday <u>28</u> (Years)	
12. Birthplace (city or place) <u>Jalisco Mex</u>		18. Birthplace (city or place) <u>Ol Paso Tex</u>	
(State or country)		(State or country)	
13. Occupation <u>Laborer</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>7</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead _____		(c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>9:50</u> m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. M. Crow M.D.</u>	
		(Physician or midwife)	
		Address <u>Miami, Arizona</u>	
Given name added from _____		Filed <u>May 31</u> , 19 <u>23</u>	
a supplemental report _____		Month, day, year.	
		Filed <u>6-6</u> , 19 <u>23</u>	
Registrar. _____		C. E. Davis Local Registrar.	
		B. J. Fox County Registrar.	

479-528-996